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TURNER, *Asymmetrical conditions met with in the faces of the insane; with some remarks on the dissolution of expression*, Journal of Mental Science, 1892, XXXVIII. 18.

This is a consideration of "certain asymmetrical appearances, chiefly noticed in the face, by which we can actually demonstrate the existence of paralysis in a large proportion of all cases of insanity." Bilaterally associated movements have been chosen for study, because they are, as a rule, of equal strength on each side. Asymmetry of expression is not, of course, confined to the insane, but is to be found among nervous, excitable people, religious enthusiasts, and, though rarely, in normal individuals. It is possible for some people to "voluntarily produce a most marked asymmetrical condition in the contraction of the muscles of expression." In a case noted by Dr. Turner, there was "a strong tendency for the asymmetrical condition to become symmetrical," the subject needing to fix his attention entirely upon what he was doing in order to prevent the contraction becoming equally marked on both sides. "Inequality of the pupils is present in one-fourth of the cases of insanity on admission, and in chronic cases it becomes more common, and it is most common in general paralysis." It would appear also that "the right pupil is more frequently the larger, the difference being very slight in the recent cases, more marked in the chronic." From present evidence it is not possible to state definitely the precise locality in each hemisphere the paralysis of which has led to the asymmetry. "In 306 female cases, recent admissions, the tongue, when protruded, was deflected from the middle line in 80 instances, or 24 per cent." It would seem then that paralysis in the muscles that protrude the tongue prevails to about the same extent as it does in the muscles controlling the size of the pupils. The muscles of expression here considered are, in the upper zone of the face, the *occipito-frontalis* and *corrugator supercilii*, and in the lower, the *levator labii superioris* and the *zygomatics*. In the cases of fresh admissions asymmetrical action in the upper zone of the face bears to asymmetrical action in the lower zone, the proportion 3.7 to 1. Among idiots, and in all congenital cases of weak-mindedness, the lower zone is most frequently affected. In the cases of insane females the "frequency with which the muscles of expression of the lower parts of the face are called into play under emotional states, which would in the sane result in expression more confined to the muscles of the upper part," is noticeable. In other words, "their expressions are more animal-like, less mental." The paper is accompanied by a plate containing gravures of faces of melancholic and insane women, showing asymmetry of various regions of the face, and an explanatory chart.

A. F. CHAMBERLAIN.

KIERNAN, *Is genius a neurosis?* Alienist and Neurologist, 1892, XIII. (1) 118.

This is a review from the time of Aristotle to that of Lombroso, of the doctrine put forward by the Greek philosopher in these terms, "No excellent soul is exempt from a mixture of madness." The usual examples, chiefly from Lombroso, of the peculiarities and idiosyncrasies of genius are given. Shortness of stature, rachitis, excessive pallor, infirmities of the body, cerebral and cranial lesions, asymmetries, and abnormalities of the skull, stammering, left-handedness, celibacy, precocity, misanthropy, erratic habits, etc. Dr. Kiernan concludes, "The alleged intellectual association of insanity and genius would seem, therefore, to be justified," but he is far from identifying the two. "Genius is not a product of morbid mind. In the exceptional instances where the two co-exist, the genius is evidence of a healthy, conservative

element struggling with the incubus of disease." He does not differ then to a great extent from Dr. Paoli, whose apt phrase, "genius with a neurosis" is better suited to the facts of the case.

RIGGS, *Extreme loss of muscle sense in a phthisical patient*, Journal of Nerv. and Ment. Dis. 1891 XVI. 437.

Clinical case, 10 year old girl, phthisical, sensation everywhere perfect, reflexes normal, muscular co-ordination of upper extremities normal, but co-ordination of the lower extremities was noticeably wanting, especially in the muscles of the feet. Treatment by electricity and tonics, recovery from the astasia, but death from phthisis.

Another patient with the usual symptoms accompanying phthisis had lost the power to use the right forearm and hand; death from phthisis. The connection between phthisis and multiple neuritis seems well established.

A. H. PEIRCE.

Harvard.

NOBLE, *Report of a case of anæsthesia of the right side, etc.* Jour. Nerv. Ment. Dis. 1891 XVI. 238.

Patient, twenty-nine years old, had suffered from rheumatism, which had left him with a somewhat involved heart trouble. Upon an occasion of unusually violent exertion he was attacked with anæsthesia of the right side. This was soon succeeded by hyperæsthesia of the same side with paresis of the left side. The symptoms manifested were probably due to reflex action from preputial irritation.

A. H. PIERCE.

Harvard.

G. S. WEIR MITCHEL, *Doctor and patient*, p. 177.

The doctor should not dig up his patient's symptoms. Before and after illness is the time to cultivate those inner morals which pain and weakness usually kill. Women are prone to confess too much to the physician, and illness breeds a passion for confessions and even for distortion. Women warp morally if long nervously ill. Physicians of all centuries have probably agreed most on rest, diet and exercise. The best do what is right, but often give foolish reasons for it. All always look beyond drugs. Instruments to measure temperature, pulse, etc., have improved the doctor's hand, eye and judgment. The doctor must not read the riot act to feelings nor poultice them too much, must not be too sympathetic and must be the grave of all secrets. Few things are so delightful as convalescence. Numberless tissues and molecules are being restored, more rapidly than in the growth of childhood. The physician who has not been ill is imperfectly educated. Pain is usually the prayer of the nerves for healthy blood. People learn it in very different ways. Sickly children are usually spoiled by indulgence. The worse the weather the better the exercise out of doors. Girls should be trained just like boys till adolescence; some even learn to box. Camp life for women with swimming, shooting, climbing, fishing, etc., are recommended.

The sudden insanity of Guy de Maupassant may well raise the question of the legitimacy of the aims of a school of art that seeks to reproduce sensation as its highest aim. If a man of great sensitiveness cultivate it with drugs and excesses, or would go about without his skin, or look straight into the sun, he is not a Promethean martyr to art, but simply lacks physiological common sense. The persistent dwelling, too, on things not of highest significance must also tend to upset the mind. Heine, Baudelaire, Byron, Musset, Jules de Goncourt and the